



City and County of the City of Exeter.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE

CITY AND COUNTY OF
THE CITY OF EXETER

1940

SCHOOL MEDICAL STAFF.

School Medical Officer and Medical Officer of Health.

GEORGE F. B. PAGE, M.D., D.P.H., Edin.

Assistant School Medical Officers.

JESSIE SMITH, M.B., Ch.B., D.P.H., Leeds.

ROBERT P. BOYD, M.B., Ch.B., D.P.H., Glas., F.R.F.P.S.G.
(and Deputy M.O.H.)

ELEANOR PATTERSON, M.B., B.S., B.Hyg., D.P.H., Durham.
J. D. C. SWAN, M.B., Ch.B., Glas. (Temporary).

Part Time (Temporary).

S. J. P. GRAY, M.A., M.B., B.Chir., Camb., F.R.C.S.E.
Operative Treatment for Tonsils and Adenoids.

School Dental Surgeon.

GEORGE VALENTINE SMALLWOOD, L.D.S., Eng.

Assistant School Dental Surgeons.

CLIFFORD A. REYNOLDS, L.D.S., Eng.

THOMAS L. FIDDICK. L.D.S., Eng. (Temporary).

School Nurses.

MISS C. A. KNUCKEY.*

MISS B. M. KNUCKEY.*

MISS M. M. FOY.*

MISS D. HICKSON.*

MISS A. EDDS.*

MISS G. M. LUNN.*

MISS D. KERRIDGE.*

MISS M. E. BLACK (Temporary).*

MRS. F. M. HOCKING (Temporary).*

MISS M. FIFE.

MISS D.M. STARKEY. } Lent by the London County Council.

Dental Attendants.

MISS P. E. JOHNSON.

MISS D. F. CHESNUTT.

MISS O. M. FIDDICK (Temporary).

Clerks.

W. G. LOTT.

MISS D. E. BUNNY (Temporary).

J. BALKWILL. (Temporary).

MISS B. R. STARKS (Appointed 8-7-40 Temporary).

* Also Health Visitors.

Annual Report

of the

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CITY AND COUNTY OF THE CITY OF EXETER.

1940.

To the Chairmen and Members of the Education Committee.

I have the honour to submit my report upon the Medical Inspection of School Children for the year 1940. In accordance with instructions received from the Board of Education in a circular letter dated 20th January, 1941, the report has been limited to certain specified matters and the statistical material has been greatly curtailed.

(a) Staff.

In accordance with the wishes of the Board, every effort has been made to co-ordinate the School Medical and Public Health staffs for a number of years past. Thus the School Medical Officer is also Medical Officer of Health, and the Assistant School Medical Officers are Assistant Medical Officers of Health taking part in the work of both departments, particularly that concerned with Child Welfare. The Deputy Medical Officer of Health is especially concerned with infectious disease and tuberculosis, but he also takes a small part in school medical work in addition to administrative duties in the absence of the principal officer. The whole-time dental surgeons and the dental attendants devote three-quarters of their time to school dental work, and the remainder to the work of other committees of the Council, particularly in connection with expectant and nursing mothers.

On 2nd September, Dr. J. D. C. Swan was appointed to give three-quarters of his time to the department, and on 14th October Mr. T. L. Fiddick was appointed a whole-time dental surgeon, together with an additional dental attendant. These temporary appointments represent the extra professional work thrown on the departments by reason of Exeter being a reception area.

The regular health visitors are also school nurses and devote one-third of their time to school medical work. The same proportion is given by the two temporary health visitors appointed at the beginning of the war.

On 5th September the London County Council lent two school nurses. The work of these nurses is concerned entirely with school children ; they do not do any health visitors duties.

The duties of the various members of the staff are reflected correctly in the apportionment of salaries.

I should like to pay a tribute to the excellent services rendered by Mr. W. G. Lott, clerk in charge of the department, who has carried on with a temporary staff since his assistant clerk was called up at the outbreak of hostilities.

Although the list of staff may appear impressive, it should be remembered that all except the L.C.C. nurses and clerical section have duties outside the department.

(b) Changes in Arrangements for Medical, Dental and Cleanliness Inspection.

It is satisfactory to record that the full machinery of the department has been kept running. The only change is the addition of a third dental surgery in premises in Southernhay East, close to the Council offices and the Central Clinic. This was opened on 14th October. The great value of the two branch minor ailments clinics in connection with the Eastern and Western Council Housing Estates will be fully apparent from figures given below.

Both are situated in Community Centres which now also serve as First Aid Posts. The staffs of the Posts have given exceedingly useful voluntarily assistance which is much appreciated.

Total attendances at Central Clinic	.....	.....	9346
„ „ „ Western Branch Clinic	.....	.....	6146
„ „ „ Eastern Branch Clinic	.....	.....	6437
„ „ „ Dental Department	.....	.....	6385

Cleanliness inspections are generally carried out at the rate of two per term in every school and where necessary, extra inspections are undertaken. This work is carried out by the school nurses and is additional to the routine, special and re-examinations of the school medical officers.

No case of infestation with body lice was recorded, the figures given below referring solely to head lice.

The number of individual children found unclean was 1416 giving a percentage of the school population of 13.0. The figure for 1939 was 12.2% and the previous three years were constant at just about 10%, the average for these years being 9.9%.

Our records show that scabies incidence was fairly constant from 1932-1936, there being about a dozen to fifteen families and twice that number of individuals treated annually. In 1937

the number doubled and has remained higher ever since. The number of families treated in 1940 was 167 comprising 288 individuals.

Scabies or itch has increased about six-fold under war conditions. Scabies is a family disease and until the Government has the courage to provide effective means of control, particularly in the case of adults, it is likely to go on increasing under present circumstances. The Cleansing Centre provided by the Public Health Committee is available for treatment both of dirty heads and scabies. In-Patient accommodation has also been used for scabies in appropriate cases.

(c) Additions to or Curtailment of the Arrangements for Various Forms of Treatment or the Provision of Solid Meals or Milk.

All forms of treatment previously available are still available. The absorption of certain hospitals into the Emergency Medical Scheme of the Ministry of Health has produced a certain amount of delay and interference with the in-patient treatment which those hospitals provided. This is only to be expected and it is hoped that the trouble is a temporary one. On the other hand the establishment of a Sick Bay of 20 beds, primarily for unaccompanied evacuee school children, should prove useful as well as helping to relieve foster-parents in times of difficulty. Certain skin diseases and other so-called minor ailments can be cleared up much more rapidly and effectively in an institution of this kind rather than by clinic treatment.

Free milk for necessitous under-nourished school children became available on 12th October. Free solid meals were being planned at the same time, but did not become available until 18th January, 1941. (See also note on Nutrition.)

(d) Changes in Certified Special Schools Maintained by the Authority.

None maintained.

EVACUATION AND RECEPTION.

Ten parties of various sizes were received during the year between 22nd April and 30th November. There has also been a constant ebb and flow of unofficial evacuees or refugees.

At the end of the year the figures were :—

Official evacuees	.....	.....	.....	4717
Refugees	....	....	..	848
				<hr/>
Total	...	...	...	5565
				<hr/> <hr/>

This means that our normal school population has been almost doubled—actually an increase of five-sevenths.

The earlier parties were received in the Civic Hall under the plan out-lined in last year's report. There they were fed and medically examined before being billeted.

From 17th November onwards the plan of accommodating the parties over night in the City Hospital and Annexe (Children's Home) was adopted. This plan which was promoted by the Minister of Health in the first place for mothers and young children, proved very helpful for parties of school children, especially having regard to the practical disadvantages of billeting children at night after a long journey. It meant that the children could be fed, refreshed and medically examined easily, and then placed in billets at leisure next day or even later if necessary. It is evident that great trouble had been taken by the evacuating authorities to examine these children and record the results before departure, and we have no complaints to make about the condition in which they arrived. The keeping of three sets of records, namely Exeter children, official evacuees and refugees, has made a great deal of extra clerical work. From the strictly medical point of view our visitors have given no trouble. The number of difficult children is not exceptional and all share alike in the arrangements provided by the Authority. There are three hostels, one for boys and two for girls, for children who cannot for any reason be billeted in private houses.

The capacity of these hostels is, 40 boys, 40 girls.

In last year's report on page 6 a list of the Authority's schools was given. Many of the children are distributed among those schools. In addition the following accommodation has been provided :—

<i>School or Party.</i>	<i>Building.</i>
Borough Polytechnic Boys	Former Exe Island School.
Borough Polytechnic Girls	Buller Hall, Cowick Street.
Archbishop Sumner Boys	St. Thomas Methodist Hall,
Archbishop Sumner Girls	— Cowick Street.
Walnut Tree Walk Junior	St. Thomas Senior Girls
Mixed and Infants	School, Union Street.
Frank Briant 	Congregational Hall, Heavi- tree.
Duppas-Waddon 	Mount Pleasant Methodist Hall.
Keeton's Road 	St. Mark's Church Hall, Man- ston Road.
Beaufort House } Lillie Road } Redriff }	Bradley Rowe School.

My thanks are due to the teachers for their unfailing co-operation, and to Dr. J. Smith, Senior Assistant School Medical Officer, and Mr. G. V. Smallwood, School Dental Surgeon, for the great help they have given in expanding our services to meet the emergency.

NUTRITION.

In their circular letter of 20th January, 1941, the Board again emphasises the importance of maintaining the nutrition of school children in time of war.

Up to the end of 1939 the Authority felt that there was no convincing evidence in favour of the provision of solid meals for elementary school children. In secondary schools, where children come from a distance, adequate provision had been made for several years. There was always a case for free milk in a limited number of instances, but there were certain difficulties in the way.

The Board's classification of nutrition came into force in the 1935 Annual Reports. If we ignore the "D" cases which are almost always due to illness, it will be found that the number of slightly subnormal cases of nutrition varies from 10% to 16% in the five years 1935-9 inclusive, the average being about 15%. The circumstances of this section of the school population have been investigated on several occasions from different angles, including detailed statements of the home circumstances of all the individuals concerned.

The matter was first carefully investigated by the present School Medical Officer in 1934 in connection with the Board's circular 1437, and the findings appear as an appendix to the Annual Report for that year. During the winter 1934-5 the School Medical Officer undertook personally a nutrition survey of the elementary schools and recorded this in the Annual Report for 1935. The position is again reviewed in the report for 1938. In this report it is recorded that all the 31 school departments had adopted the official scheme in preference to various voluntary cocoa and malted milk schemes, some of which had been in operation for many years.

As from one half to two thirds of the elementary school children in the City underwent complete examination as "routines" or various kinds of "specials" and in view of the other investigations that had been made, it was felt that *ad hoc* nutrition surveys were superfluous. No elementary school children travel any great distance to school in the area and there are special concessions granted by the Corporation Transport Department for those who use the buses. Until the outbreak of war very few mothers went out to work all day, and those doing so almost invariably made satisfactory arrangements for their children's meals privately.

The Authority has not only had the matter of nutrition under constant review, but has initiated, at various times, a number of experiments such as the provision of milk during the holidays and at play centres, and cooking classes for mothers—the last in association with the Maternity and Child Welfare Committee. Under ordinary peace time conditions the commonest cause of slight malnutrition was late hours and insufficient sleep, and such cases were by no means confined to families with insufficient incomes.

In my report for 1939 I sounded a note of warning that conditions were likely to be changed by the war, and in 1940 it was evident that the provision of free milk was imperative and that there was a growing case for the provision of solid meals. There were two factors concerned in this. First the effects of the war on the poorer section of our own citizens due to rising prices and difficulties in catering along the lines to which they had been accustomed. Also to a small but growing extent, the absorption of married women into employment of various kinds. Secondly the influx of a large number of unofficial evacuees into the City, many from the poorer parts of London and other cities.

In these circumstances the Authority made free milk available to undernourished school children as from the 12th October. The amount is not limited to one-third of a pint, but is decided by the requirements in each case. Milk may be recommended by teachers or school nurses and, subject to the approved income scale, is available forthwith, each case being reviewed periodically by the medical staff. At the same time the Authority set about organising the provision of solid meals with free meals in appropriate cases. The scheme includes a central kitchen and, at present, four feeding centres.

Details of the scheme are in the hands of the Board, but as it did not come into operation until 13th January, 1941, any figures given in this report must be regarded as merely preliminary.

The central kitchen is capable of cooking for 800 persons.

The menus are as varied and nutritious as conditions permit, and the amounts served are adequate. The School Medical Officer has been consulted in these matters and the observations of the Board's advisors have been received.

At the end of the year the following children were having milk :—

On payment—		Exeter children	.....	4291
		Evacuees	.....	1396
Free		—Exeter children	.....	89
		Evacuees	.....	14

Figures available at 28th February, 1941, show that 59 Exeter children were having free solid meals, 284 Exeter children meals on payment, and 146 billeted children meals on payment.

The cost of dinner under the scheme is 4d. per meal.

Another change brought about by the large influx of children is the desirability, if not necessity, of starting special nutrition surveys. The picture is likely to alter quite quickly and, although on clinical grounds I prefer a cross section of complete examinations it would appear that the Board's special surveys are the best way to follow the changing conditions. Put in another way, the constitution of our elementary school population has altered and approximates now to the population one might expect to find in industrial towns. These special surveys have been entrusted to Dr. J. Smith and have been designed to give as much information as possible.

The first of this series of surveys covered the Central area of the City comprising seven schools, and was undertaken between 5th November 1940 and 4th February, 1941.

The broad results did not add any information to that we already possessed and showed that no appreciable change had taken place in the proportion of children in the various grades of the Board's classification.

The results may be summarised as follows :—

Number of children examined	.....	1249
In class A (above average)	.....	147=11.8%
„ „ B (average)	.....	905=72.5%
„ „ C (below average)	.....	197=15.7%
„ „ D (bad)	.....	<i>Nil.</i>
Number having milk regularly	.....	736=58.9%
Number having milk occasionally	.....	100= 8.0%
Number not having milk	.....	413=33.1%

Those not taking milk were analysed further.

122 or 29.5% of these disliked milk.

52 or 12.5% had sufficient milk at home, in billets or hostels.

101 or 24.4% stated that they could not afford milk.

138 or 33.3% gave a variety of reasons not included in the above.

Of the 101 giving financial reasons 13.3% (8) were in class A, 25% (72) in class B, and 33.8% (22) in class C. The whole of this section demands further investigation, not only to deal with the "C's" but to prevent deterioration of the rest.

In no case was it alleged that milk was not always available.

The milk supplied to all schools is pasteurised. Frequent examinations by the Public Health Department show that the standard is satisfactory.

I am, Ladies and Gentlemen,

Your obedient servant,

G. F. B. PAGE,

School Medical Officer.

STATISTICS.

ELEMENTARY SCHOOLS, 1940.

Population of City	.....	.....	82000	(Registrar-General's figures, mid 1940.)
Elementary School Population	.....	.....	10891	
No. of Elementary Schools	.....	.....	36	
No. of Departments	.....	.....	39	

TABLE I.

**Medical Inspections and Treatment Returns, 1st January to 31st
December, 1940.**

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	.....	.....	.....	.....	3059
Second Age Group	744
Third Age Group	550
Total					<u>4353</u>

Number of other Routine Inspections	41
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B.—OTHER INSPECTIONS.

Number of Special Inspections and Re-Inspections	5454
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TABLE II.

CLASSIFICATION OF THE NUTRITION OF CHILDREN
INSPECTED DURING THE YEAR IN THE ROUTINE
AGE GROUPS.

Age-Groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	3059	682	22.3	2160	70.6	215	7.0	2	.06
Second Age-Group	744	86	11.5	571	76.7	87	11.6	—	—
Third Age-Group	550	83	15.0	385	70.0	82	14.9	—	—
Other Routine In- spections	41	7	17.0	25	60.9	9	21.9	—	—
Total	4394	858	19.5	3141	71.5	393	8.9	2	.04

*Group II.—Treatment of Defective Vision and Squint (excluding
Minor Eye Defects treated as Minor Ailments—Group I).*

	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint)	758	—	758
Other defect or diseases of the eyes	24	—	24
Total	782		782
No. of Children for whom spectacles were :—	568	—	568
(A) Prescribed	568	—	568
(B) Obtained	559	—	559

Group I.—Treatment of Minor Ailments (excluding Uncleanliness, for which see Table V).

Total number of defects treated under the Authority's Scheme	3643
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TABLE V.

VERMINOUS CONDITIONS.

(i)	Average number of visits per school made during the year by the School Nurses	11
(ii)	Total number of examinations of children in the Schools by the School Nurses	.....	28046
(iii)	Number of <i>individual</i> children found unclean	.....	1416
(iv)	Number of <i>individual</i> children cleansed under Section 87 (2) and (3) of the Education Act, 1921	.....	161
(v)	Number of cases in which legal proceedings were taken :—		
	(a) Under the Education Act, 1921	.....	<i>Nil.</i>
	(b) Under School Attendance Byelaws		<i>Nil.</i>

TABLE VI.

BLIND AND DEAF CHILDREN.

Number of totally or almost totally blind and deaf children who are *not* at the present time receiving education suitable for their special needs. The return relates to all such children including evacuees resident in the Authority's area.

	1	2	3	4
	At a Public Elementary School.	At an Institution other than Special School.	At no school or Institution.	Total not receiving suitable education.
Blind				
children	<i>Nil.</i>	<i>Nil.</i>	<i>Nil.</i>	<i>Nil.</i>
Deaf				
Children	<i>Nil.</i>	<i>Nil.</i>	<i>Nil.</i>	<i>Nil.</i>

MENTALLY DEFECTIVE CHILDREN.

Total number of children notified during the year ended 31st December, 1940, by the Local Education Authority to the Local Mental Deficiency Authority, under the Mental Deficiency (Notification of Children) Regulations, 1928

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.			
Received Operative Treatment.		Received other forms of treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.		
(1)	(2)	(3)	(4)
184	3	—	187

TABLE IV.**DENTAL INSPECTION AND TREATMENT.**

(1) Number of children inspected by the Dentist.

(a) Routine age-groups

Age	4	5	6	7	8	9	10	11	12	13	14	15	16	Ttl.
Number	26	395	717	822	1004	916	979	968	793	741	340	38	26	7769

(b) Specials 742

(c) TOTAL (Routine and Specials) 8511

(2) Number found to require treatment 4917

(3) Number actually treated 2340

(4) Attendances made by children for treatment 6385

(5) Half-days devoted to :—

Inspection 112

Treatment 784

Total 896

(7) Extractions :—

Permanent Teeth 1710

Temporary Teeth 4172

Total 5882

(8) Administration of general anaesthetics for extractions 1699

(6) Fillings :—

Permanent Teeth 3096

Temporary Teeth 139

Total 3235

(9) Other Operations :—

Permanent Teeth 1261

Temporary Teeth 592

Total 1853

Secondary School and Junior Technical School 1940

TABLE I.

Return of Medical Inspection 1st January to 31st December, 1940.

INSPECTED :—

School.	Examinations.		Total.
	Complete.	Curtailed.	
Junior Technical (Boys)	78	—	78
Hele's (Boys)	278	162	440
Total	356	162	518

TABLE II.

A. RETURN OF DEFECTS found in the Course of Medical Inspection, 1940.

School.	Defect or Disease.	EXAMINATIONS.				Had Treatment at end of year.
		Complete.		Curtailed.		
		No. of Defects		No. of Defects		
		Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	
	(1)	(2)	(3)	(4)	(5)	
Junior Technical (Boys)	Vision	3	11	—	—	2
	Tonsils and Adenoids	4	2	—	—	—
	Teeth	10	—	—	—	4
	Ear Disease	1	—	—	—	1
	Other Defects	4	1	—	—	—
	Postural Defects	—	12	—	—	—
Hele's (Boys)	Malnutrition	2	3	—	—	2
	Skin Disease	—	—	—	—	—
	Eye Disease	1	—	—	1	1
	Vision and Squint	27	9	11	—	29
	Ear Disease	—	3	—	2	—
	Tonsils and other Conditions	5	6	—	3	2
	Nose and Throat	7	3	5	—	8
	Teeth	7	3	5	—	8
	Heart Trouble	—	2	—	—	—
	Deformities	3	6	—	—	2
Other Defects	7	7	—	3	3	

*This return was made only two months after the inspection, no doubt the other defects will be remedied before the next inspection.

TABLE II.—continued.

B. Number of *individual children* found at *Routine* Medical Inspection to require treatment.

School.	Group.	Number of Children.		Percentage of Children found to require treatment.
		Inspected.	Found to require treatment.	
Junior Technical (Boys).	Complete Examinations	78	20	25.6
	Total	78	20	25.6
Hele's (Boys).	Complete Examinations	278	48	17.2
	Curtailed Examinations	162	16	9.8
	Total	440	64	14.5